Ρ	TO	SB	/01	(1	0-01	ı

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE of a collection of information unless it contains a valid OMB control number.

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Under the Paperwork Redu	ction Act of 1995, no persons are required t	Attorney Docket Numbe	unless it contains a valid OMB control number.
DECLARATION FOR UTILITY OR		First Named Inventor	Cook
DATEN	DESIGN PATENT APPLICATION (37 CFR 1.63)		IF KNOWN
_ `		Filing Date	10/22/2001
Declaration Submitted	OR Submitted after Initial	Art Unit	
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

As the below named inventor, I hereby declare that:						
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
PULLING APPARATUS ,						
	(Title of the In	vention)				
the specification of which	,	,		COPY OF PAPERS		
is attached hereto	·		_	ORIGINALLY FILED		
OR F		 -				
was filed on (MM/DD/YYYY)	10/22/2001	as United States A	application Number	or PCT International		
Application Number		ed on (MM/DD/YYYY)		(if applicable).		
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.						
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT applications.						
international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant States of America, listed below and have also identified below, by checking the box, any foreign application on which priority is breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is						
claimed. Prior Foreign Application	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Number(s)						
Additional foreign application nu	mbers are listed on a supple	emental priority data sheet	PTO/SB/02B attack	hed hereto:		

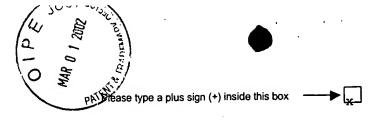
[Page 1 of 2]

Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Nun or Bar Code La		OR V C	orrespondence address below		
Charles A. Mirho					
112 W 37th St.					
Address		T WA	1		
Vancouver		VVA	98660		
City	544 047 5407	State	360-737- 7148		
USA	541-247-5107		Fax 1748		
Country	relephone				
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. COPYOF PAPER A petition has been filed for this unsigned inventor.					
NAME OF SOLE OR FIRST INVENTOR:	A petition h	as been filed for this unsig	ORIGINALLY FILE		
Robert D. Given Name (first and middle [if any])		COOK Family Name or Surname			
Inventor's Signature Ruleurs he Coch			Date /6-26-01		
Cheshire	OR .	USA	USA		
Residence: City	State	Country	Citizenship		
26430 Valley View Dr.					
Mailing Address					
Cheshire	OR	97414	USA		
City	State	ZIP	Country		
NAME OF SECOND INVENTOR:	A petition ha	s been filed for this unsigr	ned inventor		
Thomas H.		Kessler			
Given Name (first and middle lif anyl)		Family Name or Surname			
Inventor's Momas 41,	Kessle	or dama	Date 10/26/0/		
Eugene	OR	USA	USA		
Residence: City	State	Country	Citizenship		
365 E. 50th	,				
Mailing Address					
Eugene	OR	97405	USA		
City	State	ZIP	Country		
Additional inventors are being named on the	_supplemental Additi	onal Inventor(s) sheet(s) PTO/S	B/02A attached hereto.		

[Page 2 of 2]



PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	10/22/2001
First Named Inventor	Cook
Title	Pulling Apparatus
Group Art Unit	
Examiner Name	
Attorney Docket Number	FSP:0011

I hereby appoint: Practitioners at C OR Practitioner(s) na	Customer Number	□ / /	Place Customer Number Bar Code Label here
	Name	Registration	Number
Charl	es A. Mirho	41199	,
- Onat 1			
business in the United S	agent(s) to prosecute the application id States Patent and Trademark Office con	nected therewith.	
Please change the corre	espondence address for the above-ident	med application to.	
The above-mention	ned Customer Number.	ر	
OR		, ,	e Customer ber Bar Code
Practitioners at Cus	stomer Number		el here
OR			
Firm <i>or</i> Individual Name			
Address			
Address			<u> </u>
City		State	Zip
Country			
Telephone		Fax	
I am the:	or		COPY OF PAPERS ORIGINALLY FILED
X Applicant/Invent	oi.		- TITLED
Assignee of reco	ord of the entire interest. See 37 CFR 3.	71.	
Statement unde	r 37 CFR 3.73(b) is enclosed. (Form PT	O/SB/96).	
	SIGNATURE of Applicant or Assign		
2			
Name KO/	BERT (). COOK		
Signature Lon	bert N Cook		
Date //	0-26-01	os their margeantativals	are required. Submit multiple
NOTE: Signatures of all the inve	ntors or assignees of record of the entire interest	or meir representauve(s	y are required. Committeepre
forms if more than one signature			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	
Filing Date	10/22/2001
First Named Inventor	Cook
Title	Pulling Apparatus
Group Art Unit	
Examiner Name	
Attorney Docket Number	FSP:0011

I hereby appoint:				
Practitioners at OR x Practitioner(s) no	Customer Number		Place Customer Number Bar Code Label here	_].
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name	Regi	stration Number	
Char	les A. Mirho	41199		Ī
•				
				A
as my/our attorney(s) o	or agent(s) to prosecute the application States Patent and Trademark Office o	n identified above connected there	ve, and to transact all with.	
	espondence address for the above-id			
	ned Customer Number.	onunea applica		- 1
OR	ned Gustomor Humber.	_	Place Customer	
Practitioners at Cu	stomer Number	─	Number Bar Code Label here	
OR		-	Labernere	
Firm or				
Individual Name				
Address				
Address				
City		State	Zip	
Country				
Telephone		Fax	00	
I am the:			OPO	YOF PAP
Applicant/Inven	tor.		_ '''G/	NALLVAP
	•			-1 514
Assignee of rec	ord of the entire interest. See 37 CFR	3.71.		
Statement unde	er 37 CFR 3.73(b) is enclosed. (Form	PTO/SB/96).		
	SIGNATURE of Applicant or Assi	gnee of Record		
Name 10	OM KESSLER			
Signature	6M Kenler			
Date 2	0/26/01		A-Min-(a)	multin/a
NOTE: Signatures of all the inve forms if more than one signature	ntors or assignees of record of the entire interests required, see below*.	est or their represer	ntative(s) are required. Submit (multiple
	orms are submitted.			

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.